



Mail completed for back to:
 Northern Triad Soccer Club
 PO Box 298
 Pinnacle, NC 27043



Northern Triad Soccer Club 2006 Fall Season Registration		
Division	Date of Birth	Fee
U6	8/1/1999 - 7/31/2001	\$55.00
U8	8/1/1997 - 7/31/1999	\$55.00
U10	8/1/1995 - 7/31/1997	\$55.00
Over U10	8/1/1994 and prior	\$55.00

www.ntsoccerclub.com

Player Information	Birth Certificate Name Only _____		Nickname _____	
	Mailing Address _____			
	Home Phone _____		Daytime Phone _____	
	Date of Birth _____		Date of Birth Verified By _____	
Contact Information	Fathers Name _____		Occupation _____	
	Mothers Name _____		Occupation _____	
	Any Medical Problems or prohibition player has _____			
	Person to notify in an emergency _____		Phone _____	
Release	<p>I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of NTSC, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration by the USYSA and NCYSA, accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.</p>			
	Print Name _____			
	Signature _____ Date _____			
	Parent/Legal Guardian _____			
Parental Support	<p>We ask for participation of all parents in our program. Check area(s) in which you would be willing to help.</p>			
	<input type="checkbox"/> Coach <input type="checkbox"/> Club Sponsor <input type="checkbox"/> Publicity <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Fund Raising <input type="checkbox"/> Referee <input type="checkbox"/> Team Manager <input type="checkbox"/> Field Preparation <input type="checkbox"/> Clerical <input type="checkbox"/> Team Parent <input type="checkbox"/> Special Projects <input type="checkbox"/> Newsletter <input type="checkbox"/> Registration <input type="checkbox"/> Board Member <input type="checkbox"/> Donor			
	Other: _____			
Medical Consent	<p>As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.</p>			
	Signature of Parent or Guardian _____			
	X _____			
	Address _____			
Club Use Only	City _____		State _____ Zip _____	
	Home Phone _____			
	<input type="checkbox"/> Fees Paid <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check		<input type="checkbox"/> Picture Received <input type="checkbox"/> Birthdate Verified	
	Fee Amount \$ _____		Check # _____	
Age Group _____		Team _____		

For additional information about the Northern Triad Soccer Club check out the website at:

www.ntsoccerclub.com